



FOLEY & LARDNER LLP

ATTORNEYS AT LAW

11250 EL CAMINO REAL, SUITE 200
SAN DIEGO, CA 92130
P.O. BOX 80278
SAN DIEGO, CA 92138-0278
TELEPHONE: 858.847.6700
FACSIMILE: 858.792.6773
WWW.FOLEY.COM

RECEIVED
CENTRAL FAX CENTER

NOV U 3 2006

FACSIMILE TRANSMISSION

ORIGINAL WILL NOT BE SENT

Total # of Pages 10 (including this page)

TO:	PHONE #:	FAX #:
United States Patent and Trademark Office Mail Stop Amendment Examiner: Cook, Lisa V. Art Unit: 1641		571-273-8300

From : Barry S. Wilson

Email Address : bwilson@foley.com

Sender's Direct Dial : 858.847.6722

Date : November 3, 2006

Client/Matter No : 071949-5408

User ID No : 3067

U.S. Application No.: 10/714,078

Docket No.: 071949-5408

MESSAGE:

Please find enclosed:

Transmittal (3 pages);

Response to Office action(6 pages).

If there are any problems with this transmission or if you have not
received all of the pages, please call 858-847-6700.

Operator:	Time Sent:	Return Original To: Vanessa E. Agha
-----------	------------	--

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Cover Page 1 of 1

DLMR_283108.1

PAGE 1/10 * RCVD AT 11/3/2006 7:12:28 PM [Eastern Standard Time] * SVR:USPTO-EFXXRF-3/5 * DNIS:2738300 * CSID: * DURATION (mm-ss):02:30

Atty. Dkt. No. 071949-5408

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
CENTRAL FAX CENTER**

Applicant: Valkirs et al.

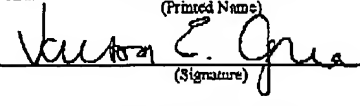
Title: **DIAGNOSTIC MARKERS OF
STROKE AND CEREBRAL
INJURY AND METHODS OF
USE THEREOF**

Appl. No.: 10/714,078

Filing Date: 11/14/2003

Examiner: Cook, Lisa V.

Art Unit: 1641

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
Vanessa E. Agha (Printed Name)	
 (Signature)	
November 3, 2006 (Date of Deposit)	

NOV 03 2006**AMENDMENT TRANSMITTAL**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Response to Restriction Requirement and Amendment (6 pages).☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	7	-	31	=	0	x	\$50.00	=	\$0.00
Independent Claims:	1	-	1	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$360.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00

DLMR_291080.1

-1-

Atty. Dkt. No. 071949-5408

RECEIVED
CENTRAL FAX CENTER

NOV 03 2006

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$0.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$0.00

- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 071949-5408

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11/03/2006

FOLEY & LARDNER LLP
Customer Number: 30542
Telephone: (858) 847-6722
Facsimile: (858) 792-6773

By Barry S. Wilson

Richard Warburg, Reg. No. 32,327
By Barry S. Wilson, Reg. No. 39,431
Attorney for Applicant

NOV 03 2006

Atty. Dkt. No. 071949-5408

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Valkirs et al.

Title: DIAGNOSTIC MARKERS OF
STROKE AND CEREBRAL
INJURY AND METHODS OF
USE THEREOF

Appl. No.: 10/714,078

Filing Date: 11/14/2003

Examiner: Cook, Lisa V.

Art Unit: 1641

Conf. No.: 2621

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. _____ <i>Vanessa E. Agha</i> (Printed Name) _____ <i>Vanessa E. Agha</i> (Signature) _____ November 3, 2006 (Date of Deposit)
--

RESPONSE TO A RESTRICTION REQUIREMENT AND AMENDMENTMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication is responsive to a Restriction Requirement mailed October 6, 2006.

Amendment of the Claims begin on page 2.

Remarks begin on page 6.

Please amend the application as follows: